

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

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2016 FEB 8 AM 7:33

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

PATIENT'S RIGHT TO EXCELLENT MEDICINE

ADDRESS (number and street) 44 SPRING DR PO BOX 28

CUSTER CITY PA 16725

☐ Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C46-5217436	3. IS THIS REPORT <input checked="" type="checkbox"/> NEW (N) OR <input type="checkbox"/> AMENDED (A)	4. STATE DISTRICT For Candidates Only
5. TYPE OF REPORT (Choose One)		
(a) Quarterly Reports: <input type="checkbox"/> April 15 Quarterly Report (Q1) <input type="checkbox"/> July 15 Quarterly Report (Q2) and/or Semi-annual Report <input type="checkbox"/> October 15 Quarterly Report (Q3) <input checked="" type="checkbox"/> January 31 Year-End Report (YE) and/or Semi-annual Report <input type="checkbox"/> July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report		
(b) Monthly Report Due On: <input type="checkbox"/> Feb 20 (M2) <input type="checkbox"/> May 20 (M5) <input type="checkbox"/> Aug 20 (M8) <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) <input type="checkbox"/> Mar 20 (M3) <input type="checkbox"/> Jun 20 (M6) <input type="checkbox"/> Sep 20 (M9) <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) <input type="checkbox"/> Apr 20 (M4) <input checked="" type="checkbox"/> Jul 20 (M7) and/or Semi-annual Report <input type="checkbox"/> Oct 20 (M10) <input type="checkbox"/> Jan 31 (YE) and/or Semi-annual Report		
(c) 12-Day PRE-Election Report for the: <input type="checkbox"/> Primary (12P) <input type="checkbox"/> General (12G) <input type="checkbox"/> Runoff (12R) <input type="checkbox"/> Special (12S) <input type="checkbox"/> Convention (12C) Election on M M M / D D D / in the State of This report also covers the semi-annual period <input type="checkbox"/> See Line 6(b)		
(d) 30-Day POST-Election Report for the: <input type="checkbox"/> General (30G) <input type="checkbox"/> Runoff (30R) <input type="checkbox"/> Special (30S) Election on M M M / D D D / in the State of This report also covers the semi-annual period <input type="checkbox"/> See Line 6(b)		

6. Covered Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period

This report covers 07 / 01 / 2015 through 12 / 31 / 2015 and/or ☐ January 1 - June 30 ☒ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period

31179.06

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer HAROLD T. BECK

Signature of Treasurer Harold T. Beck Date M M M / D D D /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
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Only

FEC FORM 3L
02/2009

SCHEDULE A (FEC Form 3L)

REPORTABLE BUNDLED CONTRIBUTIONS FORWARDED BY OR CREDITED TO LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

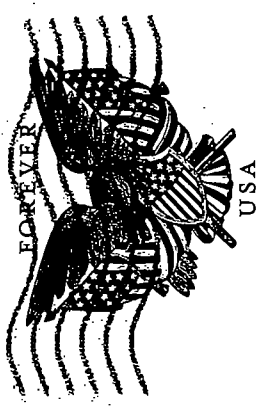
NAME OF COMMITTEE (In Full)		Reportable Bundled Contributions during:	
A. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC PATIENT'S RIGHT TO EXCELLENT MEDICINE		Quarterly / Monthly / Pre-Election or Post-Election Covered Period <input type="text"/>	
Mailing Address PO BOX 28		Semi-annual Covered Period 07.01.2015-12.31.2015	
City CUSTER CITY	State OK	Zip Code 73725	
FEC ID number of Lobbyist/Registrant PAC, if applicable. C 46-5217436			
Name of Employer			
B. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC		Reportable Bundled Contributions during:	
Mailing Address		Quarterly / Monthly / Pre-Election or Post-Election Covered Period <input type="text"/>	
City	State	Zip Code	
FEC ID number of Lobbyist/Registrant PAC, if applicable. C		Semi-annual Covered Period <input type="text"/>	
Name of Employer			
C. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC		Reportable Bundled Contributions during:	
Mailing Address		Quarterly / Monthly / Pre-Election or Post-Election Covered Period <input type="text"/>	
City	State	Zip Code	
FEC ID number of Lobbyist/Registrant PAC, if applicable. C		Semi-annual Covered Period <input type="text"/>	
Name of Employer			
D. Full Name of Lobbyist/Registrant (Last, First, Middle Initial) or Lobbyist/Registrant PAC		Reportable Bundled Contributions during:	
Mailing Address		Quarterly / Monthly / Pre-Election or Post-Election Covered Period <input type="text"/>	
City	State	Zip Code	
FEC ID number of Lobbyist/Registrant PAC, if applicable. C		Semi-annual Covered Period <input type="text"/>	
Name of Employer			
SUBTOTAL reported on this page (optional)		Quarterly/Monthly/Pre-/Post-Election Covered Period <input type="text"/>	Semi-annual Covered Period 31,179.04

2016-02-08 PM 00:04:17

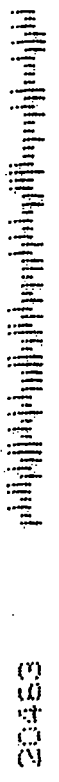
PO Box 28
CUSTER CITY, PA 16725

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2016 FEB - 8 AM 7:33


ORLANDO FL 328
29 JAN 2016 PM 3:1



FEDERAL ELECTION COMMISSION
999 E STREET NW
WASH DC 20463



Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked 1/29/16
	Date of Receipt 2/8/16
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
 PREPARER (3/2015)	2/8/16 DATE PREPARED

2016-04-08 PM 00:00:10